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AUG 1 7 2005

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APPLICATION NO.	FILING DATE	I	FIRST NAMED INVEN	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/690,855	0/690,855 10/22/2003 Henry Wolfe				NIDN-73175 DIV	6934	
TITLE OF INVENTION: PROCESS FOR PRODUCTION DIPHTHERIA TOXIN							
·	NOCESS FOR TROBUCT						
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSUE FEE		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO \$14		\$1400		\$300	\$1700	08/23/2005	
EXAM	ART UNIT C		LASS-SUBCLASS	j			
NAVARRO, ALBERT MARK		1645		435-070100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print	or type)			
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AMERSHAM HEALTH AS OSLO, NORWAY							
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a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is no	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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